

HSN Care (Bricket Wood) Limited

HSN Care (Bricket Wood)

Inspection report

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11 April 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

HSN Care [Bricket Wood] is a residential care home that was providing residential care for 11 people with learning disabilities or autistic spectrum disorder.

People's experience of using this service:

Some of the previous breaches had now been met. This meant that people now experienced a better quality of care that was safely delivered and managed. However, further work continued to be needed to ensure that people's records were fully person centred and completed, and actions arising from the previous inspection were addressed. A breach of regulations continued to be found in relation to the management of the service. The interim manager had an action plan to address these areas.

Consent continued to require improvement to ensure it was obtained in line with legal requirements. People's social needs and interests were an area that required improvement to ensure they were meaningful. Overall, care was found to be task focused, and not centred on the person or their positive outcomes. The provider was aware of this and was developing new approaches to deliver care in this manner.

People's relatives told us safety and care had improved and people experienced a better standard of care. One person's relative said, "It's much better, much safer than before. A lot of work has gone into training staff, listening to the relatives. It's not there yet, but I do feel I can leave [Person] in their care and they will come to no harm."

People were kept safe from harm because assessments identified the key risks to their health and well-being. Plans were in place to respond to people's needs and staff were aware of how to respond.

Staff received the information that they needed to provide people with care and support. Staff were aware of people's nutritional needs.

People were supported by a sufficient number of staff who had been trained to keep people safe. Staffing was being reviewed by the interim manager to ensure people could have greater choice and control around how they spend their time to make it meaningful and purposeful.

People's medicines were now safely managed and administered as the prescriber intended. Errors were quickly identified and lessons were now learned.

People were cared for in a dignified manner. People's confidential information was stored securely.

People were involved in the review and development of their care.

Concerns and complaints were now responded to. People and relatives were confident to raise concerns when necessary.

People using the service and their relatives told us that the interim manager and staff were approachable and could be contacted at any time.

Governance systems were now in place to monitor the quality of care provided. Leadership was now visible across the service, and staff, health professionals and relatives were all positive about the improvements.

Rating at last inspection: Inadequate. The inspection was carried out on 01 August 2018 and the report was published on 17 October 2018. The service was placed in special measures and CQC took enforcement action. At this inspection the rating has improved and the service is no longer in special measures.

Why we inspected: This comprehensive inspection was planned based upon the findings from our previous inspection. At that inspection we found six breaches of regulations, rated the service inadequate and placed the service in special measures.

Follow up: The service is no longer in special measures. However, we will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly. We will request a copy of an action plan and will regularly review this with the management team. CQC will meet with the provider as the service has not reached a rating of 'Good'. This will be to receive further assurance regarding the improvements and will form part of our inspection planning. We will meet with the local authority to review improvements along with the provider and stakeholders.

Please see the 'action we have told the provider to take' section towards the rear of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently Well Led.

Details are in our Well-Led findings below.

Requires Improvement ●

HSN Care (Bricket Wood)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by two adult social care inspectors, a specialist nurse advisor and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert's experience was caring for people with learning disabilities.

Service and service type:

HSN Care [Bricket Wood] is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager deregistered with CQC on 31 December 2018. A new manager had been employed but was absent from the service at the time of our inspection.

Notice of inspection:

This comprehensive inspection took place on 28 March, 01 to 04 April and 11 April 2019 and was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed a copy of the action plan the provider sent us that told us how they would make the required improvements and by when.

We reviewed minutes of multi-disciplinary meetings that the local authority held with the provider. These meetings reviewed progress against an agreed improvement plan and was monitored by teams of reviewing social workers and nurses who regularly visited the service.

We spoke with people's relatives throughout the time since the last inspection to keep us informed of progress of emerging issues within the service.

Where we had placed a condition on the providers registration to regularly keep CQC informed of key areas, we reviewed management documents the provider submitted to us.

We used all this information to plan our inspection.

During the visit to the home on 28 March 2019 we spoke with the interim manager, the deputy manager, provider and five staff members. We also spoke with ten people's relatives between 28 March and 04 April 2019 because people were not able to verbally communicate with us.

We spent time observing how staff interacted with people to understand the experience of people who could not talk with us.

Following the inspection, we spoke with four health professionals.

Between 04 April and 11 April 2019, we received further information of concern that staff were not supported or recruited legally. Upon review we found no evidence to support this allegation. Further we were told that policies and procedures for the safe management of care were not in place, and that people's privacy was not being maintained. We sought assurances from the provider, spoke with three people's relatives and members of the local authority. We found that some of the concerns raised were known to the provider, such as health and safety matters, CCTV, and day to day employment related matters.

We reviewed records relating to the care and support for six people. We also reviewed records relating to the management of the service, such as staff training, maintenance of the premises and equipment and how the provider monitored the quality of the service.

Is the service safe?

Our findings

We inspected this key question to follow up the concerns found during our previous inspection in August 2018. At that inspection, we found care was not always provided to people in a safe manner or as recorded in their plan of care. Specialist health professional guidance was not followed. People were not consistently supported by sufficient numbers of staff. Staff were not consistently aware of the risks to people's safety and health needs. People were not protected from the risk of harm, neglect or abuse. Medicines were not managed or administered safely. People were not always protected from the risk of infection. We rated this domain 'Inadequate'.

At this inspection, the provider had made improvements, although some areas required further development.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- At our last inspection, we found staff were not confident in identifying and reporting concerns of potential harm or abuse. Incidents had not been reported, and lessons learned to reduce the likelihood of recurrence were not discussed. At this inspection the provider had made the required improvements.
- People's relatives told us safety had improved, and they felt staff looked after people in a safe and responsive manner. One relative said, "The level of care is well improved and safeguarding, well everything is over reported. They were quick to tell us about [incident]. We don't have the worry there." A second relative said, "They ring us if there is anything."
- People's relatives were supportive and positive about how safeguarding and incidents were managed, but some continued to have their reservations about stability and sustainability. One relative commented, "I think they're progressing a little, but then I thought person was safe until CQC dropped the information last year, it was a shock. I still have that worry if the home will shut down. I think they are working hard to improve."
- Staff were aware of what safeguarding was and how to report their concerns to the managers and outside organisations like the local authority or CQC. One staff member said, "Its clearer now what we report and who to. If I am worried about what goes on here then I know I can call you [CQC] or [Local authority] and you will keep things anonymous but take action."
- Staff told us the process of reporting incidents or safeguarding concerns was clear and they recorded and reported these promptly. Staff could describe examples where they had reported an incident and told us the interim manager responded appropriately. Where incidents were reported, staff received feedback on the outcome and discussed how they could mitigate the risk recurring.
- We saw examples where staff had reported their concerns the interim manager had reviewed these and referred the incident to the local authority. They then carried out a review and implemented measures to minimise a recurrence. For example, following a medicines error, further daily checks were put in place to

verify medicines had been administered as prescribed.

- Themes and trends relating to incidents, injuries or safeguarding concerns had been analysed and addressed. The interim manager had been able to identify where these were occurring and took action to appropriately mitigate the risks through training, supervision and team discussions.
- The number of safeguarding concerns reported to the local authority and CQC had significantly reduced between the last inspection to this inspection. At the time of this inspection, only one open safeguarding concern was open with the local authority compared with in excess of 20 at the last inspection.
- At our previous inspection lessons were not discussed, reviewed or learned where there had been incidents or near misses. At this inspection improvements had been made.
- Staff told us they had regular staff meetings and handovers where they discussed any incidents or complaints received to ensure where lessons had to be learned everyone was aware.
- The interim manager reviewed incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.
- The interim manager had shared the action plan arising from the previous inspection and local authority reviews. They had sought relatives feedback, and held meetings where feedback was sought.

Assessing risk, safety monitoring and management

- At our last inspection we found people were at risk because staff were not consistently aware of all the risks involved when supporting people, or how to support people safely and following guidance. Assessments of risks to people's welfare were not completed sufficiently leading to people receiving unsafe care. At this inspection, this had improved and there was no longer a breach of regulations.
- Risk assessments were now in place. For example, for choking, use of equipment, mobility transfers, community activities such as swimming, and other areas. However, risk assessments needed further development to ensure they gave staff clear guidance on how to mitigate the risks to people. For example, where people needed to use a sling and hoist for transfers, the risk assessments only instructed staff to make sure the sling is on correctly. The type of sling, or how to use this in line with people's preferences was not detailed. As staff could explain the process, the lack of recording did not demonstrate people were not safe.
- The management of areas such as people's skin integrity, nutritional needs and risk of choking had improved. Appropriate referrals to health professionals were made when required and equipment was in place to manage the risks where required. However, people identified at risk of developing pressure ulcers had the level of risk assessed by staff using a risk assessment tool [Waterlow]. The provider adapted the nationally recognised tool to suit their service, which meant risk levels may not be assessed accurately. In one case, we found that the tool indicated that a person was at high risk, but when rechecked they were in fact at very high risk.. We also found that professional plans of care were transferred to HSN Care documentation rather than being left in the original state. This placed a greater level of risk that information may not be transferred accurately, leading to people potentially being placed at risk.
- Staff however had received training in specific areas such as autism, prevention of choking, fire safety and pressure care and were knowledgeable about how to safely meet people's needs. One relative said, "I can't express how much better it is and I was very angry before because it appeared to be led by profit. There was an element of complacency, [Person's] epilepsy was a real concern but there has been progress across the board." A second relative said, "The manager is brilliant and deputy manager is also brilliant. They keep the medical side up to date, the dietician and Salt have been in about eating and drinking so there has been a good level of input and we hope it continues."
- We found that people now were beginning to experience good care. For example, one person at the previous inspection was physically becoming weaker as staff did not use the prescribed mobility equipment. Since the last inspection staff had been trained in using this and did so frequently. This person's relatives confirmed that their physical strength was gradually improving, and were keen to keep encouraging staff to

continue daily exercises and physiotherapy.

- Some of the people we reviewed received their nutrition, hydration and medicines via a Percutaneous endoscopic gastrostomy (PEG). This is a tube passed into a person's stomach through the abdominal wall, to provide a means of feeding when oral intake is not adequate, for example, when people have certain conditions such as dysphagia. Care plans were now in place for the management of the PEG. We spoke with the provider as all care plans referred to a PEG, where two people used a slightly different system, but records did not refer to this. They took action to remedy this immediately. Staff spoken with however, were aware of how to safely manage the systems used and the safe positioning of people when eating due to aspiration.
- PEG equipment was stored and cleaned safely and according to best practise to minimise the risk of cross contamination. Staff had received additional training via the nursing team to support the understanding of managing the PEG.
- All people had been reviewed by a dietician or speech and language therapist, [SALT]. Their risk assessments and care plans had been updated, and staff were aware of how to support people safely with eating and drinking. Where previously we observed staff did not follow the guidance and people were at risk, at this inspection we found an improved level of support given to people. Staff had received additional training and appeared confident and competent when assisting people to eat and drink.
- Fire risk assessments had been completed and reviewed by the fire officer. Personal evacuation plans were individual and robustly completed. Regular checks of fire equipment were undertaken alongside fire drills and evacuations of the building. Regular checks of the building and equipment were carried out.

Using medicines safely

- At our last inspection we found people's medicines were not consistently managed in accordance with the prescriber's instructions. At this inspection this had improved and was no longer a breach of regulations.
- Medicine records were accurately maintained. Staff told us medicines were not counted in and out, but that regular checks and audits of medicines were completed. Staff did not record the number of tablets carried forward each month, which led to difficulties reconciling some medicine stocks. Although we found eventually that stocks tallied, the provider was asked to review this practise to ensure robust checks were in place. Temperatures of the medicines room and fridges were completed and documented.
- People were supported to take their medicines by a trained and competent staff team. Staff were observed to follow safe working practises and no longer laid out all people's medicines in trays.
- Management undertook observations of staff when handling medicines to ensure they remained competent to do so. Where issues were identified, these were discussed through supervisions and appropriate training provided.
- Processes were in place to identify and report any errors or mistakes that occurred. The interim manager responded appropriately when alerted to any errors or recording mistakes.
- People had guidelines in place for staff to safely support them with 'when required' medicines. However, homely remedies brought into the home needed to be checked by the GP prior to administering. The interim manager had reviewed those people given medicines covertly and had the approval of both the GP and pharmacist as required.

Preventing and controlling infection

- At our previous inspection we found syringes used to administer food, water or medicine via the peg were not safely managed to prevent the spread of infections. At this inspection this had improved and was no longer a breach of regulations.
- Staff had adopted good practise when supporting people with their PEG or PEJ. Percutaneous endoscopic gastrostomy (PEG) is a tube passed into the stomach most commonly to provide a means of feeding when oral intake is not adequate, for example, because of dysphagia. Percutaneous endoscopic jejunostomy

(PEJ) is similar to the PEG, but the tube is sited in a different area. Staff had received further training in this area, and they responded quickly when there were any issues or changes with PEG management.

- Staff told us there was enough personal protective equipment such as gloves and aprons to use and our observations confirmed this.

Staffing and recruitment

- At our previous inspection we found staffing levels were not consistent. This led to people receiving care from staff they did not always know, and also not receiving one to one or two to one support for personal care and when leaving the building. This was an area that required improvement. At this inspection we found this had improved and people were supported by sufficient numbers of staff to provide safe care.

- The interim manager and provider had reviewed the commissioned hours they were required to provide. We looked at rota's and payroll information that demonstrated people received the level of care the local authority had assessed them as requiring. We also found for one person HSN Care [Bricket Wood] provided more care than they were funded to. The interim manager told us this was because at times the person benefitted from one to one care, but had not had an increase from that person's local authority.

- The interim manager showed us they had filled vacancies in the home, and since the last inspection two staff had left and been replaced. They did use a high level of agency staff however, in excess of half the staff team, but told us this would be eradicated in due course as staff will transfer from the agency to full time employee's. The staffing however was consistent with the same agency staff used. People's relatives however did not all agree. One person's relative said, "[Person] is much happier now since having a key worker instead of a different carer each day. It really works and they are just much happier."

- However another relative said, "There still aren't enough staff, they use the deputy manager to fill in for the enablers, and then [Staff name] from head office who has little to do with the residents. It is better I acknowledge that, and it's safe, but there still isn't enough staff in the building all the time." These types of conflicting views were shared by the eleven people's relatives we spoke with.

- Permanent staff employed by the service underwent recruitment checks including criminal records checks to ensure they were suitable for the post they applied for. Where agency staff were used, the interim manager obtained a pro-forma sheet, detailing their skills, experience and suitability to work with people. Where additional training was needed for the agency staff, the provider ensured this was provided by the in-house trainer promptly.

Is the service effective?

Our findings

At our last inspection in August 2018 we found staff did not receive appropriate training, development or support. Staff did not seek people's consent in line with legal requirements, and people's nutrition was not well supported. At this inspection some areas had improved although improvements continued to be required in relation to consent.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance.

- Staff were communicating and asking people for their agreements and offered choices where possible. Staff were able to describe how people communicated their choice if they were non-verbal. Staff could describe the tone and the sounds people were making when they were in agreement with what staff were suggesting.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- At our last inspection assessments had not been completed as required to check if people could make specific decisions about their care. At this inspection, although some assessments had been completed, the interim manager told us they were not all in place. They told us they were in the process of reviewing decisions for areas such as bed rails, but these were yet to be completed.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Applications had been submitted where required, however the interim manager was not aware of the conditions of two people's DoLS. They did not have copies of the document, therefore were unaware of any conditions imposed as part of the authority. The interim manager at the time was not aware of the full extent of DoLS pending with the local authority. An action plan was in place to address this which we have reported on in the 'Well Led' domain.

Adapting service, design, decoration to meet people's needs

- The home is bespoke designed and built. The provider had considered accessibility as a key factor of the design.
- People's rooms were personalised and reflected their personalities and individuality with their own furniture, pictures, bedding etc.
- However, at our last inspection we noted the environment in communal areas was bland and clinical. At

this inspection little had been done to improve this to ensure communal areas met people's needs. Further improvement was required to ensure areas provided tactile and sensory stimulation for people, and reflected the characters and personalities of those living in each bungalow.

- We saw that areas of each bungalow required maintenance. Decoration required completing in some areas, alongside repairs, such as to some bathrooms. We saw a bath panel requiring replacing and people's shower rooms requiring cleaning to remove areas of lime scale and dirt.

Staff skills, knowledge and experience

- People's relatives told us staff had been better trained since the last inspection and were more capable of caring for their relatives. One person's relative said, "Staff seem more clued up with the extra training, not saying it is perfect, but on the road to perfect. More staff are staying, they seem happier, with better morale. They certainly look and sound happier."

- Staff now told us they received training which prepared them for the roles they performed. A staff member proudly told us about a training course they were completing in 'Supporting people with a learning disability'. Staff said that the quality of the training improved in the last six months and they felt better supported by the managers. One staff member said, "We had a manager for a few months but it didn't work out. [Interim manager] is so much better, very approachable and we all work together."

- Training had been provided in key areas, and staff competency was checked through discussion and observations of their practice.

- However, training provided to staff continued to require development to enable staff to fully develop in their role. The interim manager told us they planned to develop training to enable key workers to fully support people by ensuring their development was tailored to people's specific needs. They also told us training would be provided to enable staff to take on 'Champion' roles in specific areas such as nutrition, skin integrity and autism.

- Training had been sought to enable staff to become physiotherapist assistants. This had been sought due to the inaccessibility of physiotherapist services in the area. The provider and local authority had written to the local health authority for support with funding and would then roll out this training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed regularly to ensure that the support they received was meeting their needs. People's relatives had been part of these reviews.

- The assessment tool included information about healthcare professionals involved, to make sure people's care was based on up to date legislation, standards and best practice.

Supporting people to eat and drink enough with choice in a balanced diet

- People were now assisted to eat by staff who sat down and took their time to support people appropriately. The support with eating followed the guidance put in place by professionals in order to keep people safe.

- People had their weight monitored by staff, however at times we saw that this had not happened as regularly as it should have been. For example, a person was seen by a dietician who asked their weight was regularly monitored to maintain their optimal weight range. The person was assessed to be at risk of malnutrition. The only weight recorded for the person this year was in February.

- There was a menu in place which had been developed to meet people's preferences. People's relative were complimentary about the food. One said, "The meals are brilliant. We've just gone through the menu again, and now staff use the same weighing scales so we can track weight again. Staff listen, have great ideas and [Person] goes in the kitchen so they are involved with it all."

- It was unclear if the menu had dietician input to ensure right calorie intake, or if staff were sufficiently trained to ensure they could cook the dishes. There were no alternatives offered to the people we observed

having lunch, however people seemed happy with the food served to them.

- Choking assessments were in place, and all people had been reviewed by health professionals to assess their swallowing. Staff were aware of the risks and prepared food appropriately, according to the consistency guidance recommended and thickened fluids where required. When staff now assisted people with their meals, they did so in a safe manner.

Staff providing consistent, effective, timely care within and across organisations

- Staff working at the home were able to promptly identify when people's needs changed and seek professional advice. We saw that people were promptly referred to GP, dieticians, physiotherapists and other professionals when their needs changed.
- Staff worked in partnership with health and social care organisations appropriately, sharing information about people to ensure that the care and support provided was effective and in people's best interest.

Supporting people to live healthier lives, access healthcare services and support

People were supported to maintain their health and referred to health professionals when required. One relative told us, "[Provider] is fantastic. They pick me up for appointments and staff take [Person] to appointments and I go too. [Person] has an appointment tomorrow and staff will bring [Person] to pick me up too. Then after, they either bring me home or I go back to the home. It's all about the people and what is best for them, then they do it."

- People had been seen by health professionals when needed. We saw people regularly saw the GP, various nursing teams, dieticians, and therapists as required. Staff took people to hospital immediately when they became aware of an issue, for example with management of people's PEG. Although referrals to physiotherapy services locally were difficult, the provider had accessed private services to support people's immediate physical needs. People's relatives reported this had led to an improvement in people's strength and mobility.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff, and the interim manager, demonstrated that they knew people's needs and preferences well.
- People were treated in a compassionate manner by staff who were caring and respectful to them. People were seen to be at ease with the staff members supporting them.
- Staff were seen to quickly support people when they needed this. When staff intervened, they did so showing a genuine level of concern for the person.
- People's life histories were documented well and captured people's interests, relationships important to them and review. Staff were aware of these histories and used them in their day to day interactions with people.
- Staff when talking about people did so with enthusiasm and genuine compassion.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care, and staff were able to tell us how they observed people taking part in different activities and establish if they liked it or not.
- Each person had a named keyworker who was initially chosen based on how well they got on with the person, and in some cases where they had similar interests. Keyworkers managed the person's daily needs, such as appointments, some advocacy work or activity. They were central to ensuring people's relatives were kept informed, and were responsible for delivering agreed outcomes.
- People's relatives were positive about the introduction of the keyworker role. One relative said, "[Person] is much happier now since having a key worker instead of a different carer each day. It really works because they have a good rapport and [Person] is just much happier."
- Staff told us they knew people and could interpret gestures, expressions and noises to help them communicate in addition to the use of technology. We saw staff supporting one person with choosing a gift for their relative. Staff patiently showed a range of choices to the person who was clearly able to make their preference known. Other examples of staff communicating well were also observed.
- Relatives were involved in people's care and we saw evidence of regular updates and staff keeping in touch with them.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff addressed people in a dignified manner and language used by staff had significantly improved.
- People were well-groomed and were appropriately dressed. Staff were quick to change people's clothes when needed and did so in a discreet manner.
- When people needed support with personal care, staff made sure this was provided in their own rooms and behind closed doors.

- Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in August 2018. Those concerns related to a lack of person centred care planning, as well as a lack of individual meaningful activity. Complaints were not promptly investigated. We found at this inspection this had improved.

Responsive – this means we looked for evidence that services met people's needs.

Requires improvement. People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Although care records referred to people's communication needs, specific guidance had not been developed to guide staff how to communicate meaningfully with people. One staff member said, "We are working on communication plans. That is the next thing."
- We saw that people's care at times was task focused. For example, staff assisted people to eat, but did not focus on the person's experience of eating or consider their preferences. People were preparing a celebration for Mothers' Day, organising cards and other activities. However, some people's relatives said when it came to personal celebrations, staff were not aware of important birthdays which then were forgotten, or staff required prompting.
- People's specific cultural or religious needs were recorded and people were supported to follow their religious or cultural beliefs.
- We saw that activities were planned for individual people. Each person had their own daily activities planned, such as swimming or visits to the park or discos. However, some relatives told us activities lacked innovation or imagination. One relative commented, "We await the reinstatement of Eye Gaze. We have been asking for 18 months for HSN Care to source an alternative venue for Rebound Therapy. We wait to see when the sailing activity is going to be reinstated. We would also like to see proactivity on Sit Skiing, which is an activity they enjoyed a great deal." We were subsequently told after the inspection that sailing had been sourced for people, and that rebound centres within the area were not available or suitable. However, the views of the relative demonstrated that they were not aware of these issues.
- People's relatives also told us that when supporting people with maintaining family contact this varied. For example, we were told that staff supported people to attend family celebrations, meals and social events. However, when people were in the home, staff regularly missed opportunities to video call home or use technology such as social media to keep in touch. Once again, we found the personalised approach to supporting people required improvement to ensure it was meaningful.
- People's relatives told us however that the care provided in the home responded well to people's needs. One person's relative said, "There is still a way to go, but things are much better now than six months ago. Before, [Person] was bored, did very little. At least now they do things that benefit [Person] in the home and on a one to one basis. The biggest thing is they now use the cars so they can get out to the shops, swimming or visits to the park. Could they do more? Yes, what they do is the minimum with little thought, but now they have the keyworker this should get better."
- The service continued to look at ways to make sure people had access to the information they needed in a

way they could understand it, including the use of easy read, pictorial and specific photos for personalised information. This will ensure they comply with the Accessible Information Standard.

- The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:

- At our previous inspection, people's relatives did not feel able to raise concerns or complaints. We found this had improved at this inspection.
- People's relatives used messaging services to keep in touch with each other, which the provider and managers were also able to use. This was to share news, but also for people to raise concerns informally.
- People's relatives told us they felt more comfortable to raise complaints since the appointment of the interim manager. One relative said, "[Interim manager] is positive for the home and a good point of contact. Previously it would fall on deaf ears but they are approachable and takes action."
- Complaints raised had been reviewed by the interim manager. Although complaints or concerns were now responded to, people's relatives told us there remained frustration at times. This was because where concerns were raised, things improved for a short period, but then were repeated. Although not significant concerns, it demonstrated that staff continue to require development to ensure learning is embedded in practice. One relative told us, "Something goes wrong, it gets better for a time but then will happen again. I see things are better and the team are still gelling, but if we raise a concern we then expect it to be dealt with."
- Information about how to raise a complaint was available although there was not an easy-read version.

End of life care and support:

- At the time of our inspection no one using the service required end of life support.
- End of life training was available for staff through external training providers if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service did not have a manager who was registered with CQC as required. The previous manager de-registered on 31 December 2018.
- The service manager ,who had not yet registered with CQC as the registered manager was absent from the service at the time of inspection." The provider had stepped into the role as interim manager. This was the sixth management change since the provider initially registered in March 2016. Although staff and relatives were positive about the interim manager, this represented further change to the management structure and had caused uncertainty among staff and relatives and delayed progress against the required improvements.
- Staff were enthusiastic about people living full and happy lives, however they required further guidance and support from a consistent management team to achieve this. People's goals and outcomes were not clear and relatives did not feel these were consistently planned for.
- People's support was planned and reviewed regularly. Support plans contained information on how a person could be supported, but work continued to be required to develop these further. Care records were task focused, and did not clearly identify how the care provided could meet people's continued holistic needs.
- At the last inspection we told the provider they needed to make improvements to decisions made where people lack capacity. This was an area that was still outstanding. Capacity assessments and best interest decisions had not been completed when care reviews took place. The provider was unaware of the conditions of deprivation of liberty authorisations and had not reviewed this as part of the improvements required.
- People did experience better social interaction and one to one activities. However, enough improvements had not been made to ensure activity was meaningful and supported people's individual needs. The providers action plan recorded that, "In consultation with people being supported and their families, activity plans will be developed to ensure people have the opportunity to participate in activities they enjoy and benefit from. Staff will support people to explore new opportunities and develop hobbies and meet new people. A record will be maintained of people's responses to new activities." This had clearly not been achieved at this inspection.
- The provider told us in the action plan that people's care plans will identify types of technology available and how this is utilised. Staff will support people to communicate by using agreed aids according to professional assessments or previous agreement with families. Although the provider was in the process of acquiring assistive technology for people to use, it had not been put in place at this inspection. People's relatives raised frustration that this had been ongoing.
- The provider had repeatedly promised to install an electronic monitoring system, prior to the last

inspection and throughout the last six months. Deadlines they set and communicated to relatives and the local authority passed, and a system was purchased subsequent to this inspection.

- There continued to be ongoing improvements required in relation to the management of the service, and not fulfilling the actions identified from the previous inspection. This was a continued breach of regulation 17 of The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.
- At our last inspection people's relatives told us they had been fearful of raising concerns. The provider and interim manager had worked positively to create a supportive and open relatives' group.
- Relatives now were a very powerful voice both within the service and also with external stakeholders. Regular meetings were held between management and relatives, who also attended meetings with CQC and the local authority to share their views and opinions on the improvements within the service.
- Relatives were supportive of the interim manager and the changes they had made in the service to date. One relative commented, "There has been an improvement since [Interim manager], and I am speaking on behalf of my parents too, it's heading in right direction under their direction."
- At our last inspection accidents and incidents were not investigated, and governance did not ensure the quality of care people received was monitored and safe.
- At this inspection we found the interim manager had provided training to staff, closely monitored and investigated incidents and reported those that required it to CQC and the local authority. Where people's care required review as a result of the incident or accident this had occurred.
- A formal system of governance had been implemented to regularly review the quality of care provided. Audits and checks were carried out both by the interim manager, but also by members of the executive management team, and external auditors. The results of these were reported to the board, and where improvements were required these were shared among the management team and with staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Continued management changes led to constant changes with the governance structure in the organisation. A final organisational structure was only concluded after the inspection.
- We saw evidence of regular staff meetings and daily shift handovers that detailed risks, changes to care plans that could affect how a person is supported.
- Staff performance was monitored with supervisions and their competency was reviewed regularly.
- Staff were positive about the changes in the service and the leadership. All staff spoken with were positive about the deputy manager and interim manager. One staff member said, "They're a good team, they support me well, but they will always discipline which is good."
- We saw evidence of audits completed for a range of checks including care plans, medication administration charts and daily notes.
- Staff were clear about their role, however further training and development was required to ensure they provided effective and responsive person centred care to people..
- The interim manager understood their role and shared information with CQC and the local authority about all aspects of the service including quality performance, risks and regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People's relatives were positive about the engagement with staff and managers. They told us things had dramatically improved and now all relatives without exception felt able to approach the management team and challenge their views or discuss improvements and suggestions.
- The interim manager was compassionate towards staff and supported their wellbeing. The service was reviewing how they could make 'reasonable adjustments' for staff who required additional support to complete their job.

- Staff we spoke with told us, without exception, that the service was well-led and that they felt they were a valued member of the team. They spoke with respect and admiration for the management team.
- Relatives were able to provide regular feedback to ensure they had a voice in the running of the service. Further meetings, forums and relative led events were planned for the coming year.

Continuous learning and improving care:

- Systems were in place to ensure staff continued to learn, were trained and supported in their role.
- The interim manager kept up to date on improvements and training.
- Staff told us the interim manager had an open-door policy and welcomed staff discussion regarding suggested improvements to people's care and any issues or concerns.

Working in partnership with others:

- The interim manager and staff team worked in partnership with a vast array of other professionals such as nurses, GPs, psychiatrists, a range of nursing teams, occupational therapists, autism specialists and commissioners to promote and maintain people's quality of life.
- Physiotherapy was service people were not able to access locally, and the provider had previously paid for private assessments on occasions. However, as this is a free at the point of access service, managers, relatives and the local authority were reviewing ways to ensure people could access this when needed.
- The service had links with external services that enabled people to engage in the wider community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 Good Governance</p> <p>Systems were not effective in ensuring improvements identified were implemented. People's care records continued to not be comprehensive or reflective of their needs. Actions from the regulatory action plan had not been met.</p>